

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/567341 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1						51					
2		1						52					
3		1						53					
4		1						54					
5		1						55					
6	1		1		1			56					
7		1			1			57					
8		1			1			58					
9		1						59					
10			1					60					
11			1			1		61					
12					1	1		62					
13					1			63					
14					1			64					
15					2			65					
16								66					
17								67					
18								68					
19								69					
20								70					
21								71					
22								72					
23								73					
24								74					
25								75					
26								76					
27								77					
28								78					
29								79					
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31								81					
32								82					
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34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	2	↓	3	↓	2	↓		TOTAL IND.		↓		↓	↓
TOTAL DEP.	10	←	7	←	9	←		TOTAL DEP.	←	←	←	←	←
TOTAL CLAIMS	12		10		11			TOTAL CLAIMS					